

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-026961

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3371

FILED JUL 25 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

27 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

GENERAL HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1618 E. 37th

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First ESSIE

Middle MARY

Last Bisbee

4. DATE OF DEATH

Month JULY

Day 7

Year 1962

5. SEX

FEMALE

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9-4-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FACTORY WORKER

10b. KIND OF BUSINESS OR INDUSTRY

buys potato chip co.

11. BIRTHPLACE (City and state or country)

OSCEOLA, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Joseph J. White

13b. MOTHER'S MAIDEN NAME

Henrietta James

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

3A MAS. L. N. ROBISON

Address

CHARLESTON, S. C.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Consolidation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. [Signature]

(Degree or title)

22b. ADDRESS

600 E. 32nd

22c. DATE SIGNED

7-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-9-62

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK CEMETERY KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR

Melody M. Willey-Eyler

ADDRESS

1800 E. LINWOOD

25. DATE RECD. BY LOCAL REG.

7-8-62

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Frank Ellis MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James W. Wair

Licensed Embalmer No. 4650

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.